

Integrated Transport Unit

Application for payment of travelling expenses for students attending full-time further education courses 2010/2011



This form is to be completed in the following circumstances:

1. Students aged under 19 on the 31st August 2010 whose Parents/Guardians have been in receipt of a means tested benefit at any time during the academic year 2010/2011
2. Students aged over 19 on the 31st August 2010 who either they or their partner have been in receipt of a means tested benefit t any time during the academic year 2010-2011

1. Student details.

Name of Student	Surname	Forename(s)
Date of Birth (. .)		
Tel No	Home Address	
Name of College and Campus		
Course Undertaken	Course start date	Year of Course eg 1 st /2nd

Previous address if moved house before 30.6.10

 Date of Moving

2. Details of Placements.

Please state name and address where placement was undertaken.

3. Means Tested Benefit

Name of Person in receipt of benefit

Relationship to Student

Please state by placing a tick in the appropriate box which benefit has been claimed since 1st September 2010 and in the academic year 2010/2011.

- | | | | |
|--------------------|-----------------------|------------------------------------|-----------------------|
| Income Support | <input type="radio"/> | Housing Benefit | <input type="radio"/> |
| Working Tax Credit | <input type="radio"/> | Income based Job Seekers Allowance | <input type="radio"/> |

Confirmation of the declaration made above must be provided at the time of application

Only one of the following will be required:

1. Copy of the award notice stating the type and rate of benefit.
2. Copy of determination letter - (Housing Benefit only)

Note: All claims must be based on the most economical method of travel, otherwise the Children & Young People’s Services may reduce the amount claimed where deemed necessary.

Reimbursement will be made by cheque to **the student at their home address.**

I certify that the details on this form are correct and that no previous claim in respect of the same period has been made.

Date: Signature of Claimant:

Please turn over

4. To be completed by the College.

Please state the number of days the student has attended

If the student has attended any work placement please state the number of days attended

THIS INFORMATION TO BE CERTIFIED BY THE HEAD OF DEPARTMENT/REGISTRAR

Signature of Certifying Officer

OFFICE USE ONLY		COMPLETED BY		
APPROVED BY	UNDER 3 MILES	NOT WIGAN	HIGHER EDUCATION COURSE	NO BENEFIT
DISTANCE Miles				

Please forward the completed form to:

**Wigan Council
Integrated Transport Unit
Room 25
Hindley Business Centre
Platt Lane
Hindley
Wigan
WN2 3PA**